

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/022 799
APPLICANT(S) _____

FILED DATE _____

5-20-04

CLAIMS

	SERVICES		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	/						51												
2		/					52												
3		/					53												
4		/					54												
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42							92												
43							93												
44							94												
45							95												
46							96												
47							97												
48							98												
49							99												
50							100												
TOTAL IND.	2						TOTAL IND.												
TOTAL DEP.	26						TOTAL DEP.												
TOTAL CLAIMS	28						TOTAL CLAIMS												